

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	34					
TOTAL CLAIMS	41					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			■			
TOTAL DEP.			■		■	
TOTAL CLAIMS			■		■	■

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS